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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines HCA INC. GOOD GOVERNMENT FUND PO BOX 550 ADDRESS (number and street) ONE PARK PLAZA Check if different than previously **NASHVILLE** TN 37203 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00067231 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 09 0 1 2009 09 30 2009 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. David Anderson Type or Print Name of Treasurer Electronically Filed by David Anderson 06 24 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/30

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FLIND

FEC Form 3X (Rev. 02/2003)

F	Report Covering the Period: From:	01 2009	To: 0 9 3 0 2 0 0 9
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2009 Y Y Y		205280.78
	(b) Cash on Hand at Begining of Reporting Period	78440.27	
	(c) Total Receipts (from Line 19)	38371.89	52131.52
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	116812.16	257412.30
7.	Total Disbursements (from Line 31)	28928.91	169529.05
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	87883.25	87883.25
9.	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 30

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

0 9 0 1

2009

то:

м м 0 9 ^D 3 0

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	20250.00	25237.50
	(ii) Unitemized	18114.50	24282.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	38364.50	49519.50
(i	b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	38364.50	49519.50
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. A	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(0	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	2000.00
	Other Federal Receipts Dividends, Interest, etc.)	7.39	612.02
	Fransfers from Non-Federal and Levin Funds		
(8	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(l	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	38371.89	52131.52
	otal Federal Receipts subtract Line 18(c) from Line 19)	38371.89	52131.52

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 30

COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
0.00	0.00
0.00	0.00
0.00	0.00
178.91	6429.05
170.01	0.400.05
1/8.91	6429.05
0.00	0.00
0.00	0.00
19000.00	134000.00
13000.00	134000.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
9750.00	29100.00
0.00	0.00
	3.00
0.00	0.00
0.00	0.00
0.00	0.00
20077	
28928.91	169529.05
28928.91	169529.05
	0.00 178.91 178.91 0.00 19000.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 28928.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 30

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
3. Total Contributions (other than loans) from Line 11(d), page 3)	38364.50	49519.50	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
Net Contributions (other than loans) (subtract Line 34 from Line 33)	38364.50	49519.50	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	178.91	6429.05	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
Net Operating Expenditures (subtract Line 37 from Line 36)	178.91	6429.05	

FE6AN026

	EMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FU	ND	
	Full Name (Last, First, Middle Initial) LaShamdra Barbarin		Date of Receipt
	Mailing Address 8004 Craftsbury Lane		09 / 10 / 2009
	City	State Zip Code	Transaction ID: SA11AI.19006
	McKinney FEC ID number of contributing federal political committee.	TX 75071	Amount of Each Receipt this Period 500.00
	Name of Employer Med Center of McKinney	Occupation	
	Receipt For: Primary General Other (specify) ▼	COO Aggregate Year-to-Date ▼ 500.00	
— 3.	Full Name (Last, First, Middle Initial) Randy Blanchard	<u> </u>	Date of Receipt
	Mailing Address 3836 Chelsea Way		09 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	Transaction ID: SA11AI.19008	
	Caddo Mills	TX 75135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Med Center of McKinney	Occupation CNO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Joe Bowman		Date of Receipt
	Mailing Address 9017 Grey Pointe Ct		09 24 2009
	City	State Zip Code	Transaction ID: SA11AI.19202
	Brentwood	TN 37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer StoneCrest Medical Center	Occupation CFO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
S	UBTOTAL of Receipts This Page (optional)		1300.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FU	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>B</u> M C <u>N</u> F	Full Name (Last, First, Middle Initial) Barbara Brennan Mailing Address 3441 Dickerson Pike City Nashville EEC ID number of contributing ederal political committee.	State TN	Zip Code 37207	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NS	lame of Employer Skyline Medical Center Receipt For: Primary General Other (specify) ▼	Occupation CNO Aggregate	n e Year-to-Date ▼ 350.00	
<u>v</u>	full Name (Last, First, Middle Initial) Vayne Campbell Mailing Address 1601 Gum Creek Cove	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Dity	Transaction ID: SA11AI.19065		
<u>N</u>	Niceville	<u>FL</u>	32578	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
N F	lame of Employer -t Walton Beach Med Ctr	Occupation CEO	n	
R	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00]
	Full Name (Last, First, Middle Initial) Greg Caples			Date of Receipt
M	Mailing Address 2065 Delbury Court			0 9 1 6 2 0 0 9
	City State Zip Code		·	Transaction ID: SA11AI.19113
	Snellville	GA	30078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			350.00	
_	lame of Employer Emory Johns Creek Hospital	Occupation COO		
R	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
0.11	BTOTAL of Receipts This Page (optional)			1700.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 8 / 30 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	not be sold or used by any perse dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT F	UND		
Full Name (Last, First, Middle Initial) Robert Conroy			Date of Receipt
Mailing Address 1267 Greybrooke Pla	ace		M M / D D / Y Y Y Y Y O D D / 2009
City	State	Zip Code	Transaction ID: SA11AI.19135
Oldsmar	FL	34677	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer St. Petersburg General	Occupation CEO	١	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Kay Delage			Date of Receipt
Mailing Address 631 Glenn Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.19186
Madison	TN	37115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Skyline Medical Ctr	Occupation COO	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) James Eyler			Date of Receipt
Mailing Address 340 Hospital Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.18985
Macon	GA	31217	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Coliseum Psychiatric Cent- er	Occupation Hospital	n Executive	
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼	0 0	500.00	
			1500.00

City State Zip Code Miami Lake FL 33014 FEC ID number of contributing federal political committee. Name of Employer Kendall Regional Med Ctr Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Arturo Garza Mailing Address 1001 E Fern Ave, Apt C308 City State Zip Code Transact Amount Documentation CO Receipt For: Primary General State Zip Code Transact Code T	
A. HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) Martha Garcia Mailing Address 13900 Cypress Court City State Zip Code Transa Miami Lake FL 33014 Amoun FEC ID number of contributing federal political committee. Name of Employer Kendall Regional Med Ctr Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Arturo Garza Mailing Address 1001 E Fern Ave, Apt C308 City State Zip Code Transa Amoun Date of M M M M M M M M M M M M M M M M M M M	oose of soliciting contributions outlons from such committee.
Martha Garcia Mailing Address 13900 Cypress Court City State Zip Code Miami Lake FL 33014 FEC ID number of contributing federal political committee. Name of Employer Kendall Regional Med Ctr Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Arturo Garza Mailing Address 1001 E Fern Ave, Apt C308 City State Zip Code Transact Amoun Date of Transact Aggregate Year-to-Date Date of Transact Aggregate Year-to-Date State Zip Code Transact Transact Transact Transact Transact Amoun Date of Transact Amoun Date of Transact Amoun Date of Transact Amoun Date of State Zip Code Transact Transact Transact Transact Transact Transact Amoun Date of Transact Trans	
City State Zip Code Miami Lake FL 33014 Amoun FEC ID number of contributing federal political committee. Name of Employer Kendall Regional Med Ctr Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Arturo Garza Mailing Address 1001 E Fern Ave, Apt C308 City State Zip Code Transact Amoun Doccupation COO Aggregate Year-to-Date ▼ Date of M M M O 9 Transact Transact Transact State Zip Code Transact Transact Transact Transact Amoun Doccupation COO State Zip Code Transact Transact Transact Transact Transact Transact Amoun Transact Amoun Transact Amoun Transact	Receipt
Miami Lake FL 33014 Amoun FEC ID number of contributing federal political committee. Name of Employer Kendall Regional Med Ctr Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Arturo Garza Mailing Address 1001 E Fern Ave, Apt C308 City State Zip Code Amoun Amoun Documental Amoun Full Name of Employer Kendall Regional Med Ctr COO Aggregate Year-to-Date ▼ Date of M M M O 9 Transact	24 2009
FEC ID number of contributing federal political committee. Name of Employer Kendall Regional Med Ctr Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Arturo Garza Mailing Address 1001 E Fern Ave, Apt C308 City State Zip Code CC Occupation COO Aggregate Year-to-Date ▼ 500.00 Date of Model Mailing Address 1001 E Fern Ave, Apt C308 Transact	ction ID: SA11AI.19178
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Arturo Garza Mailing Address 1001 E Fern Ave, Apt C308 City State Zip Code Occupation COO Aggregate Year-to-Date ▼ 500.00 Date of M M M 0 9 Transar	t of Each Receipt this Period
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Arturo Garza Mailing Address 1001 E Fern Ave, Apt C308 City State Zip Code Aggregate Year-to-Date Date of Modeling Address 1001 E Fern Ave, Apt C308 Transact	500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Arturo Garza Mailing Address 1001 E Fern Ave, Apt C308 City State Zip Code Transact	
Arturo Garza Mailing Address 1001 E Fern Ave, Apt C308 City State Zip Code Transact	
City State Zip Code Transac	Receipt
City State Zip Code Transac	24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	etion ID: SA11AI.19172
	t of Each Receipt this Period
FEC ID number of contributing federal political committee.	500.00
Name of Employer Rio Grande Regional Hosp. Occupation Associate Administrator	
Receipt For: Primary Other (specify) Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Allen Golson Date of	Receipt
Mailing Address 109 Fairway Run	24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Transac	ction ID: SA11Al.19154
Forsyth GA 31029 Amoun	t of Each Receipt this Period
FEC ID number of contributing federal political committee.	500.00
Name of Employer Coliseum Medical Ctr. Occupation CEO	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT	FUND	
Full Name (Last, First, Middle Initial) Randy Gross		Date of Receipt
Mailing Address 1847 Wedgewood V		09 / 24 / 2009
City <u>Kissimmee</u>	State Zip Code FL 34746	Transaction ID: SA11AI.19175
FEC ID number of contributing federal political committee.	FL 34746	Amount of Each Receipt this Period 500.00
Name of Employer Osceola Regional Medical Ctr	Occupation COO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Teri James		Date of Receipt
Mailing Address 1500 State Street		09 24 2009
City	State Zip Code	Transaction ID: SA11AI.19180
Lexington	MO 64067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Lafayette Regional Hlth Ctr	Occupation CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Stephen K Jones, Jr.		Date of Receipt
Mailing Address 500 Medical Center	Blvd	09 10 7 9 9
City	State Zip Code	Transaction ID: SA11AI.19347
Webster	TX 77598	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Clearlake Regional Medical Ctr	Occupation CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional	J.	2850.00
TOTAL This Period (last page this line num	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 30 (check only one)	
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT F	FUND			
Full Name (Last, First, Middle Initial) Bret G. Kolman			Date of Receipt	
Mailing Address 1500 State Street	09 10 7 9 9 9			
City Lexington	State MO	Zip Code 64067	Transaction ID: SA11AI.19003 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer Lafayette Regional Hlt Ctr	Occupation CEO	n		
Receipt For: Primary General Other (specify) ▼	- + +	e Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Robbin Lee			Date of Receipt	
Mailing Address 101 Sedona Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Palm Reach Gardens	sty State Zip Code alm Beach Gardens FL 33418			
FEC ID number of contributing federal political committee.	C	00410	Amount of Each Receipt this Period 500.00	
Name of Employer JFK Medical Center	Occupation COO	n		
Receipt For: Primary General Other (specify) ▼	- 1 ·	e Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Ernest Lynch			Date of Receipt	
Mailing Address 3329 Laurel Fork Dr	•		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
•		Zip Code	Transaction ID: SA11AI.19004	
McKinney TX FEC ID number of contributing federal political committee.		75070	Amount of Each Receipt this Period	
Name of Employer Medical Center of McKinney	Occupation Presiden			
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00		
			2000.00	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 12 / 30 (check only one) X
or for commercial purposes, other than us NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMEN	ing the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Susan Mahoney		Date of Receipt
Mailing Address 200 North Shore	Dr #721	0 9 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.19050
Myrtle Beach	SC 29579	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Palmyra Medical Center	Occupation CNO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) JoAnn Manning	I	Date of Receipt
Mailing Address 4505 Timber Pat	09 16 2009	
City	State Zip Code	Transaction ID: SA11AI.19125
<u>Lilburn</u>	GA 30047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Emory Johns Creek Hosp	Occupation CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Peter Marmerstein		Date of Receipt
Mailing Address 2501 Founders E	Bridge Rd	09 16 2009
City	State Zip Code	Transaction ID: SA11AI.19152
Midlothian	VA 23113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer CJW Medical Center	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (opti	onal)	1700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 30 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FULL	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Marsh Mailing Address 910 Montclair Drive City Bowling Green FEC ID number of contributing federal political committee. Name of Employer Greenview Regional Receipt For: Primary General	State Zip Code KY 42103 C Occupation CEO Aggregate Year-to-Date ▼	Date of Receipt M M M J D D J 2009 Transaction ID: SA11AI.19110 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Mark Nichols Mailing Address 237 Pebblebrook Lane City Macon FEC ID number of contributing federal political committee. Name of Employer Coliseum Health System Receipt For:		Date of Receipt 0 9 1 0 2 0 0 9 Transaction ID: SA11AI.18997 Amount of Each Receipt this Period
Primary General Other (specify) Full Name (Last, First, Middle Initial) Steve Otto Mailing Address 506 Bay Point Drive City Gallatin FEC ID number of contributing federal political committee. Name of Employer Skyline Medical Center	State Zip Code TN 37066 C	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)	CEO Aggregate Year-to-Date ▼ 1000.00	1600.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
1	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUN	name and ad	dress of any political committee to	solicit contributions from such committee.
Δ.	Full Name (Last, First, Middle Initial) David Portwood			Date of Receipt
	Mailing Address 520 Waverly Park Dr			09 24 2009
	City	State	Zip Code	Transaction ID: SA11AI.19166
	Macon	GA	31210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Coliseum Medical Centers	Occupatio COO	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
- В.	Full Name (Last, First, Middle Initial) John Quinlivan			Date of Receipt
	Mailing Address 1245 Bay Pointe Terr			0 9 1 6 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11Al.19130
	Alpharetta	GA	30005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Emory Johns Creek Hosp	Occupation CEO	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
- C.	Full Name (Last, First, Middle Initial) William Mark Rader			Date of Receipt
	Mailing Address 225 Quail Valley Dr.			09 10 2009
	City	State	Zip Code	Transaction ID: SA11AI.19035
	Leesburg	GA	31763	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Palmyra Medical Center	Occupation CEO	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)			1850.00
ŀ				

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 30 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUR	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
∠ A .	Full Name (Last, First, Middle Initial) Dwayne Ray Mailing Address 3631 Amber Hills Dr City	State	Zip Code	Date of Receipt M
	Dallas FEC ID number of contributing federal political committee.	C	75287	Amount of Each Receipt this Period 350.00
	Name of Employer Medical Center of McKinney Receipt For: Primary General Other (specify) ▼	Occupatio CFO Aggregate	e Year-to-Date ▼	
3.	Full Name (Last, First, Middle Initial) Keith Sandlin Mailing Address 960 JF Harris Pkwy			Date of Receipt 0 9 1 0 2 0 0 9
	City Cartersville FEC ID number of contributing	State GA	Zip Code 30120	Transaction ID: SA11AI.18979 Amount of Each Receipt this Period 300.00
	name of Employer Cartersville Med. Ctr.	Occupatio CEO	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
- :.	Full Name (Last, First, Middle Initial) Roger Simmons Mailing Address 116 Arlington Row			Date of Receipt
	City	State	Zip Code	0 9 2 4 2 0 0 9 Transaction ID: SA11Al.19169
	Macon FEC ID number of contributing federal political committee.	GA C	31210	Amount of Each Receipt this Period 250.00
	Name of Employer Coliseum Medical Centers	Occupatio CFO	n	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			900.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 30 (check only one) X 11a 11b 11c 12 12 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma	ay not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUI		and the second s	
Α.	Full Name (Last, First, Middle Initial) Danny Smith			Date of Receipt
	Mailing Address 1410 Dogwood Valley	Road		09 24 YYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.19209
	Tunnel Hill	GA	30755	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Redmond Regional Med Ctr	Occupation CFO	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Brian Springate			Date of Receipt
	Mailing Address 14 Higdon Ct NW			09 10 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.19068
	Fort Walton Beach FEC ID number of contributing federal political committee.	FL C	32547	Amount of Each Receipt this Period 500.00
	Name of Employer FWB Medical Center	Occupation Assoc. C		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) Ann Stocks			Date of Receipt
	Mailing Address 537 Clements Road			09 / 24 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.19243
	Rome	GA	30161	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Redmond Regional Medical Ctr	Occupation CNO	on	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Benorts	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 17 / 30 (check only one) X
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMEN	ng the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) R. Carlton Ulmer		Date of Receipt
Mailing Address 15 Nicklaus Drive	3	0 9 2 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.19210
Rome	GA 30165	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Redmond Regional Med Ctr	Occupation COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Brenda Waltz	L	Date of Receipt
Mailing Address 28 Westover Driv	е	09 24 2009
City	State Zip Code	Transaction ID: SA11AI.19208
Rome	GA 30165	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Redmond Regional Med. Ctr	Occupation CEO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ellen Witterstaeter		Date of Receipt
Mailing Address 392 Gardner Dr N	NE	0 9 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.19066
Ft. Walton Beach	FL 32548	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Ft. Walton Beach Med. Ctr.	Occupation COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optic	nal)	1350.00

FOR LINE NUMBER: PAGE 18/30 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) Vincent Wyatt Date of Receipt Mailing Address 2030 Kildare Circle 09 10 2009 City State Zip Code Transaction ID: SA11AI.19067 **Niceville** FI 32578 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Ft. Walton Beach Med Ctr Occupation **CFO** Receipt For: Aggregate Year-to-Date Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	20250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(1)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 30 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT F	FUND		
Full Name (Last, First, Middle Initial) Suntrust Bank Mailing Address P.O. Box 622227 City	State	Zip Code	Date of Receipt M M M
<u>Orlando</u>	FL	32862-2227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		7.39
Name of Employer Receipt For: Primary General	Occupation Aggregate	Year-to-Date ▼	Interest
Other (specify) ▼	0 0	612.02	

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SUBTOTAL of Receipts This Page (optional)	•	L			 7.39	
TOTAL This Period (last page this line number only)	•				 7.39	

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State:

A.

District:

SCHEDULE B (FEC Form 3X) FOR LINE NUMBER: PAGE 20/30 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 23 26 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND Full Name (Last, First, Middle Initial) Transaction ID: SB21B.19350 Suntrust Bank Date of Disbursement 2 1 0 9 2009 Mailing Address P.O. Box 622227 City State Zip Code Amount of Each Disbursement this Period Orlando FL 32862-2227 178.91 Purpose of Disbursement Bank analysis fees Candidate Name Category/ Type Office Sought: Disbursement For: House Senate General Primary President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	178.91
TOTAL This Period (last page this line number only)	•	178.91

SCHEDULE B (FEC Form 3X)

	1111 3A)	Use separate schedul	e(s) (check o	NE NUMBER: PAGE 21 / 30 only one)
ITEMIZED DISBURSEM		for each category of the Detailed Summary Pa	ge 21b 27	22 X 23 24 25 28a 28b 28c 29
or for commercial purposes, other than				n for the purpose of soliciting contributions solicit contributions from such committee
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNM	MENT FUND			
Full Name (Last, First, Middle Initial BOB GOODLATTE FOR CO	,	MITTEE		Transaction ID: SB23.19295 Date of Disbursement
Mailing Address P.O. Box 2	92			M9 M / D17 / Y Y Y O Y Y
City Roanoke	St V	ate Zip Code A 24002		Amount of Each Disbursement this Perio
Purpose of Disbursement FUNDRAISER				1000.00
Candidate Name BOB GOODLATTE FOR CO			Category/ Type	
Office Sought: X House Senate President State: VA District: 06		ent For: 2010 Primary Gene Other (specify)	ral	
Full Name (Last, First, Middle Initial BROWN, HENRY E. JR.	al)			Transaction ID: SB23.19293 Date of Disbursement
Mailing Address P. O. Box 6	61886			09 15 7 2009
City North Charleston	St S	ate Zip Code C 29419		Amount of Each Disbursement this Perio
Purpose of Disbursement CAMPAIGN				1000.00
Candidate Name BROWN, HENRY E JR.			Category/ Type	
Office Sought: X House Senate President State: SC District: 01		ent For: 2010 Primary Gene Other (specify) ▼	ral	
Full Name (Last, First, Middle Initia FORWARD TOGETHER PA	,			Transaction ID: SB23.19287 Date of Disbursement
Mailing Address 201 North I	Union Street			09 M / D 15 / Y Y Y O Y Y
Suite 300		-1- 7'- OI-		Amount of Each Disbursement this Period
Suite 300 City Alexandria	St V	ate Zip Code A 22314		
City Alexandria Purpose of Disbursement Fundraiser				5000.00
City Alexandria Purpose of Disbursement Fundraiser Candidate Name FORWARD TOGETHER PA	C	A 22314	Category/ Type	5000.00
City Alexandria Purpose of Disbursement Fundraiser Candidate Name	C Disbursem	A 22314	Туре	5000.00

SCHEDULE B (FEC Form 3X)		Use sep	Use separate schedule(s)				NE NUMBER: PAGE 22 / 30 only one)									
[_	TEMIZED DISBURSEMENTS		category of the Summary Page			21b 27	22 28	a	X	23 28b	E	24 28	; [25 29	E	26 30b
	Any Information copied from such Reports and S or for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FU		oo o, arij pomioa				<i></i>			<u> </u>						
A .	Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN GEO	RGE MILLER					Da	te of	f Di	sburs	ser		3.19		°_ Y	
	Mailing Address P.O. Box 5864						0	9		L	1 :	5		ž o ŏ	9	
	City Concord	State CA	Zip Code 94524				Am	oun	nt of	Eacl	h [Disbur		ent this	-	od
	Purpose of Disbursement Fundraiser			Г			L	-		-				0.000	ΝŮ	
	Candidate Name FRIENDS OF CONGRESSMAN GEO	RGE MILLER		С	ateo Typ	gory/ pe										
	Office Sought: X House Senate President Dis	bursement For: X Primary Other (spe	2010 General													
_	State: CA District: 07	(-)														
В.	Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U S S	SENATE CAM	PAIGN							on IE sburs	ser		3.19	282		
	Mailing Address PO BOX 3662				0	9 "	1	D	1 :	5 /	Υ	žoŏ	9 ^Y			
	City SEATTLE	State WA	Zip Code 98124				Am	oun	nt of	Eacl	h [Disbur	seme	ent this	Peri	od
	Purpose of Disbursement Fundraiser			Г			L			_			1	0.00	00	
	Candidate Name PEOPLE FOR PATTY MURRAY U S	SENATE CAM	PAIGN	С	ateg	gory/ be										
	Office Sought: House X Senate President	bursement For: X Primary Other (spe	2010 General		-,,											
	State: WA District: 00	Other (spe	SCIIY) ₩													
C.	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMI	TTEE						te of	f Di	sburs	ser		3.19			
	Mailing Address P.O. Box 8331	ling Address P.O. Box 8331								D	1 :	5	Y	žoŏ	9 ^Y	
	City Fremont	State CA	Zip Code 94537				Am	oun	nt of	Eacl	h [Disbur	seme	ent this	Peri	od
	Purpose of Disbursement Fundraiser					500				000.0	00					
	Candidate Name PETE STARK RE-ELECTION COMMI															
	Senate President	bursement For: X Primary Other (spe	2010 General		Тур											
Г	State: CA District: 13															
	SUBTOTAL of Disbursements This Page (option	onal)									-		7	000.0	0	
	TOTAL This Period (last page this line number	only)				•										

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 23 / 30
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 X 23 27 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
HCA INC. GOOD GOVERNMENT FUND			
Full Name (Last, First, Middle Initial)		Transaction ID:	SB23.19289
RICHARD BURR COMMITTEE		Date of Disburseme	ent
Mailing Address POST OFFICE BOX 5928	3	09 15	Y 2009
,	State Zip Code NC 27113	Amount of Each Di	sbursement this Period
Purpose of Disbursement Fundraiser			5000.00
Candidate Name RICHARD BURR COMMITTEE	C	category/ Type	
Office Sought: House Disburse X	nent For: 2010 Primary General Other (specify)		
State: NC District: 00	• • • •		

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<u> </u>	19000.00

IT			parate schedule(s)	FOR LINE	v ono)
	EMIZED DISBURSEMEN	TS for each	n category of the d Summary Page	(check only 21b 27	y one) 22
	y Information copied from such Reports or commercial purposes, other than usir				for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMEN		oco or any pomoa		
<u>/</u>	Full Name (Last, First, Middle Initial) BRIAN KELSEY FOR STATE SE	NATE			Transaction ID: SB29.19290 Date of Disbursement
	Mailing Address 6410 POPLAR	AVE, SUITE 1000	1		$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City MEMPHIS	State TN	Zip Code 38119		Amount of Each Disbursement this Period
	Purpose of Disbursement FUNDRAISER				500.00
	Candidate Name BRIAN KELSEY FOR STATE SE	NATE Disbursement For:	2009	Category/ Type	
	Office Sought: House X Senate President	X Primary	General pecify)		
	State: TN District: 31 Full Name (Last, First, Middle Initial) Campaign to Re-Elect Janis Sont	any			Transaction ID: SB29.19341 Date of Disbursement
	Mailing Address 188 Chilton Stre	eet		$\begin{bmatrix}\begin{smallmatrix}M\\O\end{smallmatrix} 9^{M}\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}D\\O\end{smallmatrix} 1^{D}\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}Y\\O\end{smallmatrix} 2^{V} 0^{V} 9^{V}\end{smallmatrix}$	
	City Nashville	State TN	Zip Code 37211		Amount of Each Disbursement this Period
					Amount of Each Disbursement this Period 250.00
	Nashville Purpose of Disbursement	TN		Category/ Type	
	Nashville Purpose of Disbursement CAMPAIGN Candidate Name Campaign to Re-Elect Janis Sont Office Sought: X House Senate President	any Disbursement For:	37211		
	Nashville Purpose of Disbursement CAMPAIGN Candidate Name Campaign to Re-Elect Janis Sont Office Sought: X House Senate	any Disbursement For: X Primary Other (sp	2010 General		Transaction ID: SB29.19334 Date of Disbursement
	Nashville Purpose of Disbursement CAMPAIGN Candidate Name Campaign to Re-Elect Janis Sont Office Sought: X House Senate President State: TN District: 53 Full Name (Last, First, Middle Initial)	any Disbursement For: X Primary Other (sp	2010 General		250.00 Transaction ID: SB29.19334
	Nashville Purpose of Disbursement CAMPAIGN Candidate Name Campaign to Re-Elect Janis Sont Office Sought: X House Senate President State: TN District: 53 Full Name (Last, First, Middle Initial) Committee to Elect Charles Sarg	any Disbursement For: X Primary Other (sp	2010 General		Transaction ID: SB29.19334 Date of Disbursement M 9 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Nashville Purpose of Disbursement CAMPAIGN Candidate Name Campaign to Re-Elect Janis Sont Office Sought: X House Senate President State: TN District: 53 Full Name (Last, First, Middle Initial) Committee to Elect Charles Sarg Mailing Address PO Box 1515 City Franklin Purpose of Disbursement CAMPAIGN	any Disbursement For: X Primary Other (sp	2010 General Decify) ▼	Type	Transaction ID: SB29.19334 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Nashville Purpose of Disbursement CAMPAIGN Candidate Name Campaign to Re-Elect Janis Sont Office Sought: X House Senate President State: TN District: 53 Full Name (Last, First, Middle Initial) Committee to Elect Charles Sarg Mailing Address PO Box 1515 City Franklin Purpose of Disbursement CAMPAIGN Candidate Name Committee to Elect Charles Sarg	TN Tany Disbursement For: X Primary Other (sp ent State TN	2010		Transaction ID: SB29.19334 Date of Disbursement M 9 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Nashville Purpose of Disbursement CAMPAIGN Candidate Name Campaign to Re-Elect Janis Sont Office Sought: X House Senate President State: TN District: 53 Full Name (Last, First, Middle Initial) Committee to Elect Charles Sarg Mailing Address PO Box 1515 City Franklin Purpose of Disbursement CAMPAIGN Candidate Name	any Disbursement For: X Primary Other (spent) State TN ent Disbursement For: X Primary	2010	Type Category/	Transaction ID: SB29.19334 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

ITE		•	3X)	Use sepa	arate schedule(s)		OR LINE	-		Ŀ	AGE 25	
	MIZED DIS	SBURSEMEN	TS	for each	category of the Summary Page		check only 21b 27	22 28a	23 28b	24 280	25 X 29	H
		ed from such Reports										
	NAME OF COM	<u> </u>										
	•	First, Middle Initial) TO ELECT JEANN	IE RICHARI	DSON					action I	D: SB29	0.19302	
Ī	Mailing Address	797 N. EVERG	REEN					0 ^M 9	M / D	01	žoč	9 ^Y
	City MEMPHIS		St T	ate N	Zip Code 38017			Amou	nt of Ead	ch Disburs		
1	Purpose of Disbu FUNDRAISER Candidate Name	ırsement				0-4-					250.	J0
(TO ELECT JEANN	IE RICHARI		2010		egory/ pe					
		Senate President	X F	ent For. Primary Other (spe	General							
ı	, ,	District: 89 First, Middle Initial) TO ELECT JOE LU	JNDBERG						action I	D: SB29	0.19305	
Ī	Mailing Address 212 SKYLINE DRIVE									01 /	žoč	9 ^Y
	City BRISTOL		St T	ate N	Zip Code 37620			Amou	nt of Eac	ch Disburs	ement this	s Period
 - 		ırsement					· .	Amou	nt of Ead	ch Disburs	ement this	
 - -	BRISTOL Purpose of Disbu CAMPAIGN Candidate Name	irsement	T				egory/	Amou	nt of Eac	ch Disburs		
 - - 	BRISTOL Purpose of Disbu CAMPAIGN Candidate Name COMMITTEE Office Sought:	TO ELECT JOE LU X House Senate President	JNDBERG Disbursem	N	2010 General			Amou	nt of Eac	ch Disburs		
1	BRISTOL Purpose of Disbu CAMPAIGN Candidate Name COMMITTEE Office Sought: State: TN Full Name (Last,	TO ELECT JOE LU X House Senate	JNDBERG Disbursem	ent For:	2010 General			Trans		D: SB29	250.	
; ;	BRISTOL Purpose of Disbu CAMPAIGN Candidate Name COMMITTEE Office Sought: State: TN Full Name (Last,	TO ELECT JOE LU X House Senate President District: 01 First, Middle Initial)	JNDBERG Disbursem	ent For:	2010 General			Trans Date of	action I	D: SB29	250.	00
	BRISTOL Purpose of Disbu CAMPAIGN Candidate Name COMMITTEE Office Sought: State: TN Full Name (Last, Committee to	TO ELECT JOE LU X House Senate President District: 01 First, Middle Initial) Elect Mike Stewart	JNDBERG Disbursem	ent For: Primary Other (spe	2010 General			Trans Date of	action II of Disbur	D: SB29	250.i 0.19315 [°] [°] [°] [°] [°] 0 [°] [°]	00 09 Y
	BRISTOL Purpose of DisbucAMPAIGN Candidate Name COMMITTEE Office Sought: State: TN Full Name (Last, Committee to I Mailing Address City Nashville Purpose of DisbufUNDRAISER	TO ELECT JOE LU X House Senate President District: 01 First, Middle Initial) Elect Mike Stewart PO Box 60201	JNDBERG Disbursem	ent For: Primary Other (spe	2010 General ecify) ▼	Ту	ре	Trans Date of	action II of Disbur	D: SB29 sement	250.i 0.19315 [°] [°] [°] [°] [°] 0 [°] [°]	00 09 Y
	BRISTOL Purpose of DisbucAMPAIGN Candidate Name COMMITTEE Office Sought: State: TN Full Name (Last, Committee to I Mailing Address City Nashville Purpose of DisbufUNDRAISER Candidate Name	TO ELECT JOE LU X House Senate President District: 01 First, Middle Initial) Elect Mike Stewart PO Box 60201	JNDBERG Disbursem X F	ent For: Primary Other (spe	2010 General ecify) ▼	Cate		Trans Date of	action II of Disbur	D: SB29 sement	250.19315 Y Y O C	00 09 Y
	BRISTOL Purpose of DisbucAMPAIGN Candidate Name COMMITTEE Office Sought: State: TN Full Name (Last, Committee to I Mailing Address City Nashville Purpose of DisbufUNDRAISER Candidate Name	TO ELECT JOE LU X House Senate President District: 01 First, Middle Initial) Elect Mike Stewart PO Box 60201	JNDBERG Disbursem X F X F T	ent For: Primary Other (spe	2010 General ecify) ▼ Zip Code 37206 2010 General	Cate	pe gory/	Trans Date of	action II of Disbur	D: SB29 sement	250.19315 Y Y O C	00 09 Y

ITE			arate schedule(s)	FOR LINE	
	EMIZED DISBURSEMEN	TS for each	category of the Summary Page	(check only 21b 27	7 one) 22 23 24 25 2 28a 28b 28c X 29 3
					or the purpose of soliciting contributions licit contributions from such committee
ı \	NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMEN	T FUND			
	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT PHILLI	P JOHNSON			Transaction ID: SB29.19320 Date of Disbursement
Ī	Mailing Address P.O. BOX 437				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City PEGRAM	State TN	Zip Code 37143		Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN				250.00
	Candidate Name COMMITTEE TO ELECT PHILLI Office Sought: X House	P JOHNSON Disbursement For:	2010	Category/ Type	
	Senate President	X Primary Other (spe	General		
	State: TN District: 78 Full Name (Last, First, Middle Initial) Committee to Re-Elect Mike Har	rison			Transaction ID: SB29.19330 Date of Disbursement
Ī	Mailing Address 115 Green Acro	es Drive			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City Rogersville	State TN	Zip Code 37857		Amount of Each Disbursement this Period
		114			
Ī	Purpose of Disbursement CAMPAIGN				250.00
-	Purpose of Disbursement			Category/ Type	250.00
-	Purpose of Disbursement CAMPAIGN Candidate Name Committee to Re-Elect Mike Har Office Sought: X House Senate President		2010 General		250.00
	Purpose of Disbursement CAMPAIGN Candidate Name Committee to Re-Elect Mike Har Office Sought: X House Senate	rison Disbursement For: X Primary Other (spe	General		Transaction ID: SB29.19326 Date of Disbursement
3	Purpose of Disbursement CAMPAIGN Candidate Name Committee to Re-Elect Mike Har Office Sought: X House Senate President State: TN District: 09 Full Name (Last, First, Middle Initial)	rison Disbursement For: X Primary Other (spe	General		Transaction ID: SB29.19326
3	Purpose of Disbursement CAMPAIGN Candidate Name Committee to Re-Elect Mike Har Office Sought: X House Senate President State: TN District: 09 Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT RU	rison Disbursement For: X Primary Other (spe	General		Transaction ID: SB29.19326 Date of Disbursement M 9 M / D 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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<u></u>	Full Name (Last, First, Middle Initial) JACK JOHNSON FOR STATE SENATE					Trans Date						193	23	
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	NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNMENT FUND			
A.	Full Name (Last, First, Middle Initial) Kent Williams Campaign			Transaction ID: SB29.19316 Date of Disbursement
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В.	Full Name (Last, First, Middle Initial) RE-ELECT BILL HARMON			Transaction ID: SB29.19338 Date of Disbursement
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District: 37